

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS**

19-RR-HTI-37982

HAITI

RAPID RESPONSE

DROUGHT

2019

RESIDENT/HUMANITARIAN COORDINATOR	BRUNO LEMARQUIS
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REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	
The After-Action Review (AAR) did not take place due to COVID-19 epidemic, which has been affecting Haiti since mid-March. The outbreak completely paralyzed the country and made it practically impossible to perform the AAR. Nevertheless, FAO sent inputs directly to OCHA on the draft of the final report.	
b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
The report was shared with the members of the Humanitarian Country Team, which includes the CERF recipient agencies.	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

In 2019, the CERF UFE funding played a critical role in enabling the implementation of key, life-saving activities in Haiti to address a drought which hit the country. Prolonged periods of water deficit led to a significant decline in agricultural production and loss of income for rural households, 2.6 million Haitians living in rural areas were reported to be food insecure (IPC phases 3 and 4), representing about 38% of the rural population. These drastic economic and food security conditions further deteriorated the nutritional status of Haitian children. According to nutritional surveillance data from the national health information system (SISNU) Global Acute Malnutrition (GAM) rates had increased in several departments from January to May 2019. Amidst the challenging socio-political context, marked by civil unrest and insecurity, a total of 188,635 people, out of the 171,436 initial target directly benefited from the CERF's response.

The Departments of Northeast, North and Southeast demonstrated dire needs in the Food security sector and the Department of Northwest and Southeast in the Nutrition sector. In this regard, CERF interventions focused in these departments and allowed the development of strong community actions such as the promotion of the use of services and communication activities for behavior change strengthening the collaboration between the community and the health institutions. It rose awareness of the community on best nutrition practices and the importance of early detection and referral of malnutrition cases at health centers. The CERF funding equally facilitated the delivery of food security assistance in highly food insecure geographical zones which was not under the radar of traditional donors.

I would like to reiterate my thanks and appreciation to the recipient agencies for this well implemented CERF allocation.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	23,727,668
FUNDING RECEIVED BY SOURCE	
CERF	5,081,432
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	0
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	5,081,432

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

Agency	Project code	Cluster/Sector	Amount
FAO	19-RR-FAO-029	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	1,625,000
UNICEF	19-RR-CEF-091	Nutrition - Nutrition	456,432
WFP	19-RR-WFP-055	Food Security - Food Assistance	3,000,000
TOTAL			5,081,432

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	3,900,507
Funds transferred to Government partners*	20,252
Funds transferred to International NGOs partners*	425,365
Funds transferred to National NGOs partners*	735,308
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,180,925
TOTAL	5,081,432

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

Throughout 2018, Haiti experienced a rapidly deteriorating political and economic situation, which took a turn for the worse in 2019, severely reducing the average income and purchasing power of Haitian households, especially the most vulnerable. Civil unrest continued throughout 2019, with increasing levels of violence and duration resulting in a 10-day country lock in February, that paralyzed both daily life and economic activity. The precarious security situation affected both the public and private sectors' capacity to provide essential services: private transporters were unwilling to operate, the country experienced waves of severe fuel scarcity, and customs operations were delayed. Humanitarian operations were affected by this context, imposing movement restrictions and some delays in deliveries to guarantee the safety of beneficiaries and staff.

On the 2019 Climate Risk Index, Haiti was identified as the fourth most affected country by climate events in the period 1998-2017. In 2019, the rainfall deficit led to a new year of drought and the further deterioration of living standards for the most vulnerable people, particularly those whose livelihoods were linked to agriculture.

According to the results of the Food Security Integrated Phase Classification (IPC) exercise, published in October 2019, Haitian rural and urban households experienced a significant deterioration of their food security and nutrition. The analysis estimated that 1.05 million people were in the emergency phase 4 (of which 207,000 in urban settings) and 2.63 million in the crisis phase 3 (of which 649,000 in urban settings). The October 2019 IPC was the first edition to capture food security data in urban settings, while in rural areas figures indicated a 47% increase in people living in phase 4 since 2018.

In this scenario, prolonged periods of water deficit in 2018 led to a significant decline in agricultural production and loss of income for rural households. Thus, during the hunger gap period of March-June 2019, 2.6 million Haitians living in rural areas were reported to be food insecure (IPC phases 3 and 4), representing about 38% of the rural population. This represented twice the number of food-insecure people compared to the same lean period in 2018. This sharp decline in food availability combined with a decline in food access for the most vulnerable Haitian households, was affected by a rise in commodity prices (+21.7 over a year), in a context of high inflation and depreciation of the national currency against the US dollar (40% over a year). At least 60% of the rural people were living in severe food insecurity and depended exclusively on agriculture, fishing and/or livestock thus in emergent need for food and agricultural assistance.

Several departments (North, Northwest, Northeast, Central, West and Southeast) experienced a rainfall deficit, which strongly affected winter campaign harvests (representing 20% of the national production). Rain forecasts for the spring campaign (which represents 60% of the national production) were very pessimistic. This drought and lack of water and food also affected livestock health. For example, in the last "North East Food Security Observatory" (February 2019) Newsletter, the Director of the North East Departmental Directorates of Agriculture (DDA) issued an alert on the damage caused by drought on the livestock of the Northeast Plain area: about 35% of cows in the commune of Terrier Rouge had already died of lack of fodder and water.

These drastic economic and food security conditions further deteriorated the nutritional status of Haitian children. According to nutritional surveillance data from the national health information system (SISNU) Global Acute Malnutrition (GAM) rates had

increased in several departments from January to May 2019. The GAM rates among screened children had reached over 5% in North West and 9.7 % in South-East, 7.4% in the South, 7% in Artibonite and 6.7% in Centre.

During the first quarter of 2019, approximately 6,195 under five children were treated for acute malnutrition in 10 departments, with 2,937 suffering from severe acute malnutrition (SAM) and 3,258 from moderate acute malnutrition (MAM). For 2019 the nutrition sector estimated that 39,000 children under five years of age suffered from acute malnutrition country wide (13,000 for SAM and 26,000 for MAM) and required curative life-saving interventions through Community-Based Management of Acute Malnutrition (CMAM).

Nonetheless, nutrition sector was severely under-resourced with no domestic allocations funds at all and extremely limited donor funding. The humanitarian, climate and socio-economic spheres mentioned above called for an urgent need to strengthen detection and referral and to provide life-saving treatment to affected children in a timely manner while providing complementary nutrition sensitive interventions with a focus on access to safe water and sanitation.

By the end of 2019, an estimated 3.7 million Haitians were food insecure¹ (IPC 3 and 4) and an estimated 52,800 children under 5 years were affected by acute malnutrition (with the Nutrition SMART survey conducted in January 2020, those figures have drastically increased to over 134,000 under 5 children with acute malnutrition).

3. CONSIDERATION OF FOUR PRIORITY AREAS¹

With the exception of Priority area Education in protected crises all other three areas were prioritized during this allocation. CERF funding allowed WFP to target a highly food insecure geographical zone which was not under the radar of traditional donors.

The CERF enabled UNICEF and its partners to undertake strong community actions such as the promotion of the use of services and the communication activities for behavior change. It has raised the awareness of the community on best nutrition practices and the importance of early detection and referral of malnutrition cases at health center. Mothers were trained and can screen their children and seek for treatment if need. The project has also enabled to strengthen the capacity of health providers at institutional level to manage the treatment of acute malnutrition and promote IYCF practices while providing curative activities. Finally, it has further strengthened the collaboration between the community and the health institutions.

a. Women and girls, including gender-based violence, reproductive health and empowerment

Integrating a nutrition-sensitive and gender approach and based on the results of past vulnerability analysis, in its targeting WFP prioritized households with children under five and pregnant and lactating women and girls as well as women-headed households. Furthermore, context-specific nutrition messages were developed with a focus on the most nutritionally vulnerable members within the household, namely pregnant and lactating women and children under five, to promote age-appropriate nutrition habits and raise awareness on their specific nutrition needs. The NGOs who partnered with UNICEF signed a code of conduct stipulating that they had to report any case of violence against children or women and take all necessary measures to ensure that their staff were not involved in any kind of violence, sexual abuse or human trafficking.

FAO ensured that vulnerable female headed households were considered as priority target of intervention. This was mainly explained due to the disruption caused by the natural disasters which contributed to an increase in number of young sex workers, leading men to leave their homes and eventually get married in other locations with other women. The provision of appropriate

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. Please see the Questions and Answers on the ERC four priority areas here https://cerf.un.org/sites/default/files/resources/Priority_Areas_Q_A.pdf

and participatory technical assistance to vulnerable women contributed to the restoration of agriculture-based assets and improved the diet diversification of families through the production and consumption of vegetable crops.

b. Programmes targeting persons with disabilities

In its targeting strategy, WFP prioritized vulnerable households with people with disabilities. Moreover, distribution sites were selected based on their accessibility by all beneficiaries, including those with disabilities and priority lines were established for people with disabilities, pregnant and lactating women and girls and elders, to reduce waiting time. When registered as primary beneficiaries, people with disabilities as well as other very vulnerable categories were also given the possibility to select an alternate to collect the assistance on their behalf.

The activities implemented by FAO reached 2,715 people out of the 121,125 overall impacted persons. Priority was given to vulnerable households with a dependent disabled person and/or elderly, vulnerable households with children under five with nutrition problems, pregnant and lactating women and girls as well as women-headed households. Concerning UNICEF, the project did not focus specifically on persons with disability but considered disability as part of a larger vulnerability-based beneficiary selection criteria.

c. Education in protracted crises

N/A

d. Other aspects of protection

Local communities were involved in the different stages of the intervention, from the targeting (frequency listing) to the development of context-specific nutrition messages (focus group discussions) to the selection of distribution sites. Moreover, WFP made available its toll-free hotline to all beneficiaries to ensure that they could provide feedback and request information on the intervention at any time.

4. PRIORITIZATION PROCESS

According to an IPC analysis from December 2018 prolonged periods of water deficit in Haiti led to a significant decline in agricultural production and loss of income for rural households. From late 2018 to mid 2019 2.6 million Haitians living in rural areas were reported to be food insecure (IPC phases 3 and 4), representing about 38% of the rural population. This represented twice the number of food-insecure people compared to the same lean period in 2018. Of these 2.6 million people, 2,054,000 people were in "Crisis" (IPC 3) and 571,000 people in "Emergency" phases (IPC 4). In this context, with the deterioration of economic and food security conditions the nutritional status of Haitian children was seriously challenged. According to nutritional surveillance data from the national health information system (SISNU) Global Acute Malnutrition (GAM) rates had increased in several departments from January to May 2019. The GAM rates among screened children h reached over 5% in North West and 9.7 % in South-East. Although the socio-economic crises affected the entire country, the climatic situation hit the hardest the Northeast, Southeast departments. This CERF targeted mainly the mentioned departments in several communes.

Subsequently to the Advocacy Paper sent by the HC on behalf of the HCT to the ERC to pledge for a scale up of the UN humanitarian efforts to address the acute food security situation faced by Haiti, and following the positive feedback from the ERC, the HC has engaged the sectors co-leads for food security and nutrition to elaborate quickly a right sized CERF rapid response request. Following consultations between UNICEF, WFP and FAO, the present request was presented to the HCT which endorsed it. Activities judged lifesaving, urgent given the severity of needs, quickly implementable with the current implementation capacity, cost effective and with the most impact were prioritized in this CERF request. Existing frameworks or assessments were used as the basis for discussion. This includes the needs analysis in the 2019-2020 HRP, 2019 targets and adopted objectives, indicators & targets of the operational response plans and food security and nutrition projects uploaded into OCHA online project system.

With CERF Rapid funds, Food security of most vulnerable populations were jointly strengthened by FAO, WFP and UNICEF for a complementary approach in the Southeast Department. At the time of project implementation this department was insufficiently covered and presented among the strongest gaps in response: 90% gap in the number of people targeted in the 2019 HRP, especially on the food assistance component (SO1/ HRP 2019). In the agricultural component, the North and North-East department also suffered from large response gaps.

The food security sector's response focused mainly on the needs identified in the areas with populations in crisis phase 3 or emergency phase 4 of the IPC analysis. The partners of the food security prioritized interventions with the most vulnerable populations to improve their access to food in the short term, as well as to cater of their assets, to restore their livelihoods in the medium term, in the most efficient way possible and sustainable possible. In addition, food security partners harmonized approaches to:

- Criteria and approaches for selecting beneficiaries;
- Minimum food basket;
- Standard seed basket;
- Minimum cash value to be distributed.

Finally, the sector also focused on natural disaster preparedness through institutional strengthening, coordination, and the establishment of a contingency stockpile to respond to the most acute emergencies.

To ensure the efficient implementation of its strategy, the sector identified 3 specific objectives:

- Provision of emergency food assistance to an estimated 571,000 people in emergency situation (Phase 4 of the IPC);
- Strengthening and restoration of livelihoods for an estimated 1.07 million people vulnerable;
- Strengthening of state institutions involved in the prevention and management of risks and disasters as well as response and coordination mechanisms.

Before the project formulation, the FAO field teams and the project coordinator animated focus groups with the communities-based organizations (CBOs), in collaboration with the directors of the BACs of the targeted communes. The lack of seeds and planting material for the following agricultural seasons, animal diseases and lack of money for the payment of children's school fees (in September) were among the main constraints cited by participants in the meetings. Therefore, the assistance included in this project is based on the needs expressed by the beneficiary communities. As part of the implementation of project activities under UNICEF's repose, it was agreed to support providers and ASCP and to involve the community in the fight against undernutrition. So, 56 care groups comprised of Mothers and Fathers were mobilized and trained on subjects relevant to health and nutrition.

5. CERF RESULTS

CERF allocated \$ 5 million to Haiti from its window for underfunded emergencies to sustain the provision of life-saving assistance to 2.6 million Haitians who were directly affected by the drought crisis in late 2018. This funding enabled UN agencies and partners to implement life-saving emergency food and nutrition assistance in the form of nutrition-sensitive unconditional cash transfers with agricultural input assistance to ensure that vulnerable populations could meet their immediate food and nutrition while building their food security in the longer term by increasing their future harvests. The CERF funding allowed WFP to scale-up its nutrition-sensitive cash-based transfers (CBT) response to cover an additional 12,016 vulnerable households (i.e. approximately 58,445 beneficiaries) in the Southeast department. FAO supported urgent agricultural production for vulnerable households and veterinary treatment of drought-affected animals, for 24,225 vulnerable households (121,125 people) including 12,417 women heads of households (51%) and 543 households with a dependent disabled people, to revive their livelihoods.

FAO: Through this CERF UFE grant, FAO and its partners:

1. Provided seeds (vouchers equivalent 32 US\$/household in seed fairs) and planting materials (500 cuttings of sweet potato and 300 cuttings of cassava per household) to 15,000 vulnerable households (HHs), including 6,975 women heads of HHs (46%) and 288 HHs with a dependent disabled people, of the departments of North (4,000 HH), Northeast (6,000 HH) and Southeast (5,000HH). This assistance allowed to each HHs to harvest about one ton of pulses, cereals and tubers. This food is enough to feed their families for more than 3 months;
2. Provided vegetable seeds (about 90 g/HH) and technical support to 4,340 HHs grouped in 121 associations, including 3,466 women (80%) and 112 HHs with a dependent disabled people. Depending on the department, each HH harvested between 375 kg to 425 kg of vegetables. Moreover, 765 members of these associations (83% of women) have been trained in good agricultural practices associated with vegetable production and nutritional education;
3. Provided seeds of rice (3.2 tonnes), lima beans (12 tonnes) and peanuts (4 tonnes) to 1,000 vulnerable HHs, including 538 female heads of HHs and 76 HHs with a dependent disabled people, grouped into associations providing assistance to vulnerable groups. Depending on the types of seeds received, each HH harvested between 375 kg and one ton of food;
4. Trained 113 veterinary officers of "Groupe Santé Bête (GSB)" on animal health and use of veterinary drugs. Organized mobile veterinary clinics, which provided veterinary care to 14,201 sick domestic animals belonging to 3,885 vulnerable agro-pastoralists, including 1438 women head of HH (37%) and 67 HHs with a dependent disabled people. In addition, each beneficiary received 1,200 cuttings of fodder species to initiate the production and conservation of the forage.

UNICEF: Through this CERF RR grant, UNICEF and its partners provided nutritional screening of 28,880 children under five (including 15,996 (8,158 girls and 7,838 Boys) in the North-West and 12,884 (6,571girls and 6,313 boys) in the South-East departments). 2,912 children were referred for treatment, of which 725 children affected by severe acute malnutrition, and 2,187 by moderate acute malnutrition).

For micronutrient powder (MNPs) supplementation, 4,518 children were supplemented (2,630 (1,396 girls and 1,234 boys) in North-West and 1,888 (939 girls and 949 boys) in South-East department. UNICEF provided nutritional supplies (Plumpy nut, micronutrient powders and anthropometric materials) to departmental authorities. 40 providers, 80 ASCPs were trained on nutrition and hygiene. 460 lead mothers, 56 care groups and 3,003 caregivers were trained on Infant Young Child (IYCF) practices, acute malnutrition, and hygiene. The project directly reached a total of 7,430 out of 10,823 under five children for the treatment of acute malnutrition and micronutrient supplementation and 28,880 to identify acute malnutrition.

WFP: Through this CERF RR grant, WFP and its partner, Alianza por la Solidaridad, provided food assistance through cash transfers to 12,016 vulnerable households in five communes of the Sud-Est department (Bainet, Belle-Anse, Thiotte, Grand Gosier and Anse à Pitre). Between December 2019 and January 2020, each household received two cycles of assistance through cash in envelope, corresponding to 164 USD per household, to cover their food needs. Beneficiaries were selected through community committees using the frequency listing targeting methodology.

Additionally, 21 Polyvalent Community Health Workers were trained on mid-upper arm circumference (MUAC) screening and nutrition sensitization. 7,288 children were screened for malnutrition, out of which 231 children were found moderately acute malnourished and 63 severely acute malnourished. Nutrition sensitization sessions were conducted for 19,616 people.

6. PEOPLE REACHED

The CERF's intervention targeted 171,436 people, out of which 47,578 men, 50,168 women, 35,958 boys and 37,732 girls.

The Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods) sector targeted 105,00 beneficiaries and **reached 121,125**. The total number of beneficiaries increased due to the increase in the number of beneficiaries of seeds and the beneficiaries of veterinary treatments for domestic animals. In addition, in the project document,

it was planned to assist 4% of households with disabled dependents. However, during the implementation of activities, FAO arrived at 2.2% of the beneficiaries. Indeed, despite the fact that these households had priority when targeting beneficiaries, there were very few of them who do agricultural activities in the communes targeted by the project. The Food Security – Food Assistance sector targeted and reached **60,080** beneficiaries in total.

The Nutrition Sector targeted 10,823 beneficiaries and was able to reach **7,430**. The project was able to reach almost the entire target of children with acute malnutrition, i.e. 99.5% (2,912 out of 2,925), however, with the suspension of activities at community level due to COVID-19, the distribution of micronutrient powders for children from 6 to 23 months was slowed down both at the institutional and community level, hence 57.1% (4,518 out of 7,900) of the targeted children have been reached. The total number of children aged 6-59 months reached is therefore 68.6%.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY¹		
Category	Number of people (Planned)	Number of people (Reached)
Host communities	0	0
Refugees	0	0
Returnees	0	0
Internally displaced persons	0	0
Other affected persons	171,436	188,685
Total	171,436	188,685

¹ Best estimates of the number of people directly supported through CERF funding by category.

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE²					
	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	47,578	50,168	35,958	37,732	171,436
Reached	52,651	55,651	39,240	41,143	188,685

² Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)³					
	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	1,921	2,025	1,452	1,523	6,921
Reached (Out of the total reached)	1,558	1,496	1,009	1,055	5,118

³ Best estimates of the number of people with disabilities directly supported through CERF funding.

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)⁴					
By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total

Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	30,240	32,760	20,160	21,840	105,000
Food Security - Food Assistance	17,767	17,860	12,195	12,258	60,080
Nutrition - Nutrition	0	0	5,380	5,443	10,823

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)⁴					
By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	34,884	37,791	23,256	25,194	121,125
Food Security - Food Assistance	17,767	17,860	12,195	12,258	60,080
Nutrition - Nutrition	0	0	3,789	3,691	7,480

⁴ Best estimates of the number of people directly supported through CERF funding by sector.

7. CERF'S ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES

PARTIALLY

NO

Food assistance was provided in line with the planned timeframe, despite logistics and security challenges linked to the *peyi lock*. Despite delays due to the socio-political crisis and subsequently to COVID-19, CERF funds enabled recipient UN agencies to provide fast delivery of assistance to people in need as it provided initial funding to quick start life-saving food security and nutrition activities in the targeted departments.

b) Did CERF funds help respond to time-critical needs?

YES

PARTIALLY

NO

It allowed the provision of emergency food assistance to very vulnerable populations following three months of country lockdown that had further affected their livelihoods.

CERF funds responded to a time-critical need for communities and individuals most affected by the worsening food security and nutritional status situation. The CERF funds were pivotal in alleviating the situation. Considering the worsening food security and nutrition situation as reported in the 2019 Humanitarian Response Plan (HRP) and observed through the IPC exercise as well as latest nutrition data from the national health information system, CERF funds provided for life saving food security and nutrition assistance to malnourished children in priority areas, where humanitarian assistance is most needed.

c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

Particularly in terms of geographical prioritization. However, not all interventions progressed at the same pace, which limited synergies on the ground.

On the other hand, CERF funds were used to sustain the functional coordination mechanisms established by the Ministry of Public Health and Population (MSPP) for emergency preparedness and response. Monthly coordination meetings proved to be instrumental in enhancing information sharing, identifying gaps and partners, avoiding duplication of efforts, and disseminating technical standards and best practices. Support was provided to Departmental Health Offices to collect, consolidate and analyze nutrition data and statistics to monitor programme performance and quality, identify low performing sites/areas, and develop action plans for quality improvement. These desk reviews were completed by regular field visits to supervise implementation of activities, assess compliance with technical protocols and standards, assess beneficiaries' satisfaction and complains, and monitor progress. Also, regular meetings were held with heads of health facilities under the leadership of the departmental nutrition focal points and national nutrition unit to review the performance of the programme, identify bottlenecks and solutions.

d) Did CERF funds help improve resource mobilization from other sources?

YES

PARTIALLY

NO

Following the CERF-funded project, WFP has been able to raise additional resources from another donor to provide two more cycles of assistance in line with its emergency response strategy, however this new contribution took time to materialize and there was a significant time gap between the two phases. UNICEF was able to extend coverage of the 2 targeted departments for 2 months using other resources. FAO also obtained additional funds for the protection and restoration of the livelihoods of approximately 160,000 additional vulnerable people living in 4 departments.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

CERF funding allowed WFP to target a highly food insecure geographical zone which was not under the radar of traditional donors.

The CERF funds enabled UNICEF and its partners to undertake strong community actions such as the promotion of the use of services and the communication activities for behaviour change. It has raised the awareness of the community on best nutrition practices and the importance of early detection and referral of malnutrition cases at health center. Mothers were trained and can screen their children and seek for treatment if need. The project has also enabled to strengthen the capacity of health providers at institutional level to manage the treatment of acute malnutrition and promote IYCF practices while providing curative activities. Finally, it has further strengthened the collaboration between the community and the health institutions.

8. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
Make sure the sustainability of emergency response actions is clear (i.e. strengthening capacities of communities and Govt partners at decentralized level)	Actively involve the recipient UN agencies to work with the communities and Govt partners at decentralized level, including voluntary committee leaders, community agents, officials and other local partners, in designing and follow-up of emergency actions
Diversify implementing partners, including local NGOs, to reach all the communities	Continue to encourage UN agencies to implement a certain percentage of CERF grants through national and local partners

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The targeting of beneficiaries was a key issue for this project. Due to the limited time for project implementation and the difficult operational environment marked by the country lockdown and the general climate of insecurity, the cooperating partner encountered difficulties to closely monitor the targeting process which relied on community-based targeting (through local committees). It also made it very difficult to conduct large-scale outreach activities to local communities. This caused some issues throughout the implementation of the project, notably regarding the community acceptance of the targeting, and led to tensions around the distributions.	It appears crucial for all interventions, even related to emergency response, to allow sufficient time for the activities related to targeting (sensitization of communities on criteria and targeting process, intensive briefing of the local committees, validation of the lists,...) and to ensure a close follow-up of these activities by the cooperating partner and WFP. This could help to avoid further problems and improve the implementation of the project.	WFP and cooperating partners.
Incentive to be paid to community health workers	Reinforce the communication with the community and recall the role of community health workers during the project implementation	UNICEF and Implementing Partner
Data reporting particularly from the community to the institutional level	Define the frequency of data reporting at different level to make data available on monthly basis.	UNICEF and Implementing Partner
Incentive to be paid to community health workers	Reinforce the communication with the community and recall the role of community health workers during the project implementation.	UNICEF and Implementing Partner
Data reporting particularly from the community to the institutional level	Define the frequency of data reporting at different level to make data available on monthly basis	UNICEF and Implementing Partner
Include emergency preparedness and response in the project	Include miscellaneous in the budget to address unplanned activities in case of emergency during the project implementation.	UNICEF and Implementing Partner
Implement activities as quickly as possible.	Improve follow-up and monitoring of CERF implementation projects with regular monitoring visits	Recipient UN agencies and implementing partners

Constantly dialogue with OCHA, the HC office and the CERF secretariat to adjust projects if necessary.	Have regular meeting and dialogue framework throughout the implementation of the CERF. This framework is to establish for the next CERF.	Recipient UN agencies and implementing partners and OCHA CERF Focal Point
Reallocate funds to other activities that fall within the scope of the project if approved rather than return unused funds at the end of the project.	Track funding expenditures to be able to quickly identify needs for relocation of funds.	Recipient UN agencies and implementing partners and OCHA CERF Focal Point with CERF Secretariat
Vulnerable rural households receiving livelihood assistance are in such extreme poverty that they do not even have access to the resources to meet their basic needs, including food, school and medical costs.	Add cash + in addition to agricultural inputs	FAO and Implementing Partner

PART II

9. PROJECT REPORTS

9.1. Project Report 19-RR-FAO-029 - FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Haiti
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	4. Project Code (CERF):	19-RR-FAO-029
5. Project Title:	Emergency Agricultural Assistance to Family Farmers Affected by Drought in the Departments of Northeast, North and Southeast of Haiti		
6.a Original Start Date:	20/08/2019	6.b Original End Date:	19/02/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$16,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,125,000
	c. Amount received from CERF:		US\$ 1,625,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 735,308
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 735,308	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, FAO and its partners:

1. Provided seeds (vouchers equivalent 32 US\$/household in seed fairs) and planting materials (500 cuttings of sweet potato and 300 cuttings of cassava per household) to 15,000 vulnerable households (HHs), including 6,975 women heads of HHs (46%) and 288 HHs with a dependent disabled people, of the departments of North (4,000 HH), Northeast (6,000 HH) and Southeast (5,000HH). This assistance allowed to each HHs to harvest about one ton of pulses, cereals and tubers. This food is enough to feed their families for more than 3 months;
2. Provided vegetable seeds (about 90 g/HH) and technical support to 4,340 HHs grouped in 121 associations, including 3,466 women (80%) and 112 HHs with a dependent disabled people. Depending on the department, each HH harvested between 375 kg to 425 kg of vegetables. Moreover, 765 members of these associations (83% of women) have been trained in good agricultural practices associated with vegetable production and nutritional education;
3. Provided seeds of rice (3.2 tonnes), lima beans (12 tonnes) and peanuts (4 tonnes) to 1,000 vulnerable HHs, including 538 female heads of HHs and 76 HHs with a dependent disabled people, grouped into associations providing assistance to vulnerable groups. Depending on the types of seeds received, each HH harvested between 375 kg and one ton of food;
4. Trained 113 veterinary officers of "Groupe Santé Bête (GSB)" on animal health and use of veterinary drugs. Organized mobile veterinary clinics, which provided veterinary care to 14,201 sick domestic animals belonging to 3,885 vulnerable agro-pastoralists,

including 1438 women head of HH (37%) and 67 HHs with a dependent disabled people. In addition, each beneficiary received 1,200 cuttings of fodder species to initiate the production and conservation of the forage.

The project has enabled **total 24,225 vulnerable households (121,125 people), including 12,417 women heads of households (51%) and 543 households with a dependent disabled people, to revive their livelihoods.**

3. Changes and Amendments

There were some minor changes in the number of beneficiaries:

- Instead of supporting 4,500 vulnerable households in vegetable production, the project supported 4,340 households because some associations of vulnerable households prefer to cultivate other food crops than vegetables. We bought seeds of rice, Lima bean and peanuts.
- On the other hand, the need for animal veterinary treatment was high and the quantity of drugs available was sufficient. Instead of treating 4,500 animals belonging to 1,500 agro-pastoralists, the project treated 14,201 sick domestic animals belonging to 3,885 vulnerable agro-pastoralists.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	30,240	32,760	20,160	21,840	105,000
Total	30,240	32,760	20,160	21,840	105,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	1,210	1,310	806	874	4,200

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	34,884	37,791	23,256	25,194	121,125
Total	34,884	37,791	23,256	25,194	121,125
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	847	782	521	565	2,715

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The total number of beneficiaries has increased due to the increase in the number of beneficiaries of seeds and the beneficiaries of veterinary treatments for domestic animals. In addition, in the project document, it was planned to assist 4% of households with disabled dependents. However, during the implementation of activities, FAO arrived at 2.2% of the beneficiaries. Indeed, despite the fact that these households had priority when targeting beneficiaries, there are very few of them who do agricultural activities in the communes targeted by the project.
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4.c Persons Indirectly Targeted by the Project

The indirect beneficiaries of the project are the 319,000 people living in the targeted communes. Indeed, agricultural assistance has contributed to mitigate the deterioration of the food insecurity situation in the beneficiary departments, which have remained in the crisis phase (IPC - phase 3), while other departments such as Nord- West, Grande Anse and West have switched to the emergency phase (IPC - phase 4).

5. CERF Result Framework

Project Objective	Improving the livelihoods of 21,000 vulnerable households (105,000 people) affected by the latest rainfall deficit in the Departments of Northeast, North and Southeast.
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Output 1	Agricultural production of 15,000 vulnerable households is boosted by their access to seeds and planting material.			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Total amount (in USD) of cash (in voucher) to be distributed.	480,000	480,000	FAO Budget report
Indicator 1.2	Number of vulnerable households purchasing 8 - 10 kg of seeds of different crops using vouchers with a monetary value of 3,000 gourdes (about 32 USD) received from the project.	15,000	15,000 households received between 10 and 12 kg/HH	Reports from partner NGOs and Departmental Directorates of Agriculture (DDA)
Indicator 1.3	Number of vulnerable households receiving a kit of 500 sweet potato cuttings (variety Mize maléré) and 300 cassava cuttings (variety CMC40)	15,000	15,000	Reports from partner NGOs and Departmental Directorates of Agriculture (DDA)
Indicator 1.4	Number of beneficiaries harvesting approx. 500 kg of different food (tuber, cereals and pulses), three to four months after sowing/planting of seeds/cuttings.	15,000	[15,000 households harvested more than 500 kg of food, mostly tubers]	Testimonials of beneficiaries and reports from agricultural technicians
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Tender and letters of agreement with local NGOs	FAO		
Activity 1.2	Tender for the purchase of sweet potato and cassava cuttings	FAO		
Activity 1.3	Rapid training of NGO partner-staff on seed fairs organization	FAO seed Expert		
Activity 1.4	Selection of the most affected households	Local NGO, FAO, BAC, CBO and local authorities		
Activity 1.5	Identification and selection of potential seed vendors in seed fairs	Local NGO, FAO, BAC, CBO and local authorities		

Activity 1.6	Quality analysis of seeds sold in seed fairs and cuttings	The FAO Seed Team and the BAC Agronomists
Activity 1.7	Distribution of sweet potato and cassava cuttings	Local NGOs CEHPADER for the Northeast, GRANSAH for the North and MFPEJA for the South east, in collaboration with FAO team, BAC, CBO and local authorities
Activity 1.8	Organization and supervision of seed fairs – distribution of unconditional vouchers to vulnerable households	Local NGOs CEHPADER for the Northeast, GRANSAH for the North and MFPEJA for the South east, in collaboration with FAO team, BAC, CBO and local authorities
Activity 1.9	Monitoring and evaluation of the impact of the action	FAO and local NGO

Output 2	The food and nutritional situation as well as the income of 4,500 vulnerable households are improved by the production, consumption and sale of vegetables.			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of vulnerable households, grouped in vegetable producer groups, receiving at least 90 g of vegetable seeds.	4,500	4,340	FAO' Agricultural technicians and vegetable producer associations
Indicator 2.2	Quantity of vegetables harvested by each beneficiary in kg	At least 400	Average production is 397 kg of vegetables per beneficiary: 375 kg in the North, 390 kg in the Southeast and 425 kg in the Northeast.	FAO' Agronomists and vegetable producer groups
Explanation of output and indicators variance:		Instead of supporting 4,500 vulnerable households in vegetable production, the project supported 4,340 households because the supplier of vegetable seeds failed to supply 40 kg of pepper seeds that were ordered. This balance was used to buy seeds of rice, Lima bean and peanuts, which were distributed to 1000 beneficiaries, members of other associations, which assist vulnerable groups. Depending on the types of seeds received, these beneficiaries obtained an average harvest per household of 375 kg of peas, 500 kg of peanuts or a ton of rice.		
Activities	Description	Implemented by		
Activity 2.1	Selection of vegetable producer's associations/groups including by vulnerable households with at least 60% of women head of households.	FAO, BAC, CBO and local authorities		
Activity 2.2	Preparation of technical specifications for vegetable seeds	FAO seed Expert		
Activity 2.3	Procurement of vegetable seeds	FAO procurement unit		
Activity 2.4	Distribution of vegetable seeds to associations/groups	FAO field team		
Activity 2.5	Supervision and technical support to vegetable producer's groups	FAO field team		
Activity 2.6	Monitoring and evaluation of the impact of the action	FAO M&E team		

Output 3	4,500 domestic animals of at least 1500 vulnerable households receive veterinary treatment
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)

Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of animals treated by mobile veterinary clinics	4,500	14,201	Report of the veterinary consultant and report of the DDAs and BACs
Indicator 3.2	Number of beneficiary households whose animals are assisted through a series of Mobile Veterinary Clinics (MVC)	1,500	3,885	Report of the veterinary consultant and report of the DDAs and BACs
Explanation of output and indicators variance:		The demand for veterinary care was very high in the 3 departments. In addition, there was sufficient veterinary drug to increase the number of treated animals. Another project paid an additional 2 months' salary for the veterinary consultant to continue the mobile veterinary clinics.		
Activities	Description	Implemented by		
Activity 3.1	Preparation of technical specifications of veterinary products	FAO Veterinary Consultant		
Activity 3.2	Selection of communal veterinary officers, members of GSB, to be trained	FAO, DDAs and GSB		
Activity 3.3	Training of the communal veterinary officers	FAO Veterinary Consultant		
Activity 3.4	Procurement and purchase of veterinary drugs and equipment	Procurement Unit of FAO		
Activity 3.5	Establishment of Mobile Veterinary Clinics	FAO veterinary consultant and veterinary agents of GSB		
Activity 3.6	Veterinary care of animals	FAO veterinary consultant and veterinary agents of GSB		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

A) Project design and planning phase: involvement of beneficiary communities in needs analysis

Before the project formulation, the FAO field teams and the project coordinator animated focus groups with the communities based organizations (CBOs), in collaboration with the directors of the BACs of the targeted communes. The lack of seeds and planting material for the following agricultural seasons, animal diseases and lack of money for the payment of children's school fees (in September) are among the main constraints cited by participants in the meetings. Therefore, the assistance included in this project is based on the needs expressed by the beneficiary communities.

B) Project implementation phase: involvement of beneficiary communities in the implementation of activities

During the implementation of the project activities, FAO collaborate with local technical and administrative authorities. In each communal section, a "Beneficiary Targeting Committee", set up by local administrative and technical authorities and leaders of CBOs in respect of gender balance, made the selection of beneficiaries. Prior to the selection of beneficiaries, FAO field teams and FAO partners informed the members of the targeting committees and the CBOs, which represent the beneficiaries, on the selection criteria by prioritizing female heads of households, vulnerable families with elderly people, people with disabilities, and malnourished children under 5 years of age. At the end of the selection, the preliminary lists of beneficiaries were submitted to the leaders of CBOs and beneficiaries for public validation. To enable beneficiary communities to express themselves freely by noting errors in preliminary targeting, beneficiary targeting committees did not participate in the validation of beneficiary lists.

During the project implementation, the CBOs, which defend the interests of the beneficiaries, were associated in the implementation of each project activity whether it was the distribution of agricultural inputs or the organization of mobile clinics.

C) Involvement of beneficiaries in monitoring and evaluation of the impact of project activities.

Under the supervision of FAO, partner NGOs carried out assessments of the level of appreciation and the impact of the project assistance by inspecting the fields and conducting surveys on at least 5% of beneficiaries. The veterinary consultant and the FAO field team will conduct the evaluation of the impact of veterinary treatments on at least 5% of beneficiary agro-pastoralists. In addition, the project

coordinator organized field mission and focus groups with the beneficiaries to discuss with them on their appreciation of the assistance and the constraints encountered, in order to crosscheck the information contained in the reports of partners and FAO field team.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

A crosscutting vulnerability criterion was integrated into the beneficiary targeting criteria so that women heads of vulnerable households and households caring for disabled and / or elderly people were given priority. When targeting beneficiaries and implementing project activities, FAO associated local associations that defend the rights of vulnerable groups, particularly associations of vulnerable women, associations that defend the rights of people with disabilities and / or old people. Thus, the support on vegetable production has targeted associations made up largely of women / girls heads of households (80%).

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

From the start of the project, the FAO teams in the field organized focus groups with the Community Based Organizations (CBOs) and the local authorities (CASEC) to inform them of the activities planned in the project, the donors and the rights of the beneficiaries. They were also informed on the principles and commitments of the United Nations, including FAO, on Accountability to Affected People (AAP) and Protection from Sexual Exploitation and Sexual Abuse (PSEA).

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

The management committees of the CBOs had the telephone numbers of the project coordinator, the Focal Point PSEA of FAO and the Directors of the DDAs so that they could inform them of any constraints encountered during the implementation of project activities, including problems caused by local authorities (CASEC) and/or the staff of FAO, BACs and partners.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

FAO Haiti has a Focal Point PSEA and his Alternate, who are responsible for identifying risks and sexual abuse in the implementation of FAO activities. The FAO Senior Focal Point for PSEA delegates them to receive complaints. All FAO staff have received training on PSEA codes of conduct. FAO partners must commit to respecting the principles of PSEA before signing letters of agreement with FAO. In meetings with beneficiary communities and CBOs, they were informed of their right to complain in the event of harassment or sexual abuse. The BINUH complaint telephone / WhatsApp number was communicated to them (+509 37026516), detailing the confidential management of complaints through this United Nations platform.

Any other comments (optional):
N/A

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project

7.b Please specify below the parameters of the CVA modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
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Voucher	US\$ 480,000	Sector-specific	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	Unconditional	Restricted
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>FAO consultants, in collaboration with partners and BACs, did the evaluation of the impact. For the seeds and cuttings' assistance, the evaluation was based on the calculating of yields using the yield squares installed in the beneficiary plots. For example, each household beneficiary of sweet potato and cassava cuttings plus vouchers for seeds harvested an average of 250 kg of sweet potato, 450 kg of cassava, 240 kg of cereals (maize or rice) and 80 kg of pulses (bean, cowpea or peanut). While each beneficiary of vegetable seeds harvested an average 375 kg per beneficiary in the North, 390 kg in the Southeast and 425 kg in the Northeast.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

9.2. Project Report 19-RR-WFP-055 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Haiti
3. Cluster/Sector:	Food Security - Food Assistance	4. Project Code (CERF):	19-RR-WFP-055
5. Project Title:	Emergency Food Assistance to Households Facing a Food crisis (IPC 3) or a Food Emergency (IPC 4) in Southeast Department of Haiti		
6.a Original Start Date:	23/08/2019	6.b Original End Date:	22/02/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	31/03/2020
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 249,200,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 13,494,932
	c. Amount received from CERF:		US\$ 3,000,000
	d. Total CERF funds forwarded to implementing partners		US\$ 254,000
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 254,000
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, WFP and its partner, Alianza por la Solidaridad, provided food assistance through cash transfers to 12,016 vulnerable households in five communes of the Sud-Est department (Bainet, Belle-Anse, Thiotte, Grand Gosier and Anse à Pitre). Between December 2019 and January 2020, each household received two cycles of assistance through cash in envelope, corresponding to 164 USD per household, to cover their food needs. Beneficiaries were selected through community committees using the frequency listing targeting methodology.

Additionally, 21 Polyvalent Community Health Workers were trained on mid-upper arm circumference (MUAC) screening and nutrition sensitization. 7,288 children were screened for malnutrition, out of which 231 children were found moderately acute malnourished and 63 severely acute malnourished. Nutrition sensitization sessions were conducted for 19,616 people.

3. Changes and Amendments

Despite challenges related to security issues such as roadblocks and protests as well as limited cash availability in banks outside of Port au Prince, beneficiary targeting, registrations and cash distributions could be carried out without significant delays. Baseline data collection and post distribution monitoring could not be conducted due to the deteriorating security situation and the mobility restrictions for UN staff.

The deteriorating security situation during the project also reduced the capacity of staff to carry out nutrition-sensitive activities and the ability of beneficiaries to move to gathering sites. This explains the difference between the target and the actual number of beneficiaries for the sensitization sessions.

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Food Security - Food Assistance				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	17,767	17,860	12,195	12,258	60,080
Total	17,767	17,860	12,195	12,258	60,080
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	711	714	488	490	2,403

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Food Security - Food Assistance				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities					
Refugees					
Returnees					
Internally displaced persons					
Other affected persons	17,767	17,860]	12,195	12,258	60,080
Total	17,767	17,860	12,195	12,258	60,080
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	711	714	488	490	2,403

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	Nothing to report.
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4.c Persons Indirectly Targeted by the Project
The project was able to indirectly benefit the various retailers present in the intervention area. Since the selected transfer modality was unrestricted cash, beneficiaries were able to purchase products available on local markets and thus generate income for small retailers.

Moreover, nutrition sensitization activities such as forum theatre were open to the entire community and not only to project direct beneficiaries.

5. CERF Result Framework

Project Objective	Improving food security by ensuring that basic nutritional needs of households facing a food emergency (IPC phase 4) and a food crisis (IPC phase 3) are covered, with a specific focus on pregnant and lactating women, children 6-59 months and people with disabilities.
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Output 1	12,016 households facing a food emergency (IPC 4) or a food crisis (IPC 3) have access to sufficient and adequate food to meet their basic food needs			
Sector	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Food Consumption Score	60% of people have an acceptable FCS	-	-
Indicator 1.2	Total amount of cash transferred to targeted beneficiaries	1,970,624	1,970,624	Distribution report Reconciliation document
Indicator 1.3	Number of children 6-59 months screened for acute malnutrition	7,210	7,288	Alianza por la Solidaridad's nutrition report, validated by the South East Health Directorate (DSSE)
Indicator 1.4	Number of beneficiaries who received a sensitization session about nutrition	36,048	19,616	Alianza por la Solidaridad's nutrition report, validated by the South East Health Directorate (DSSE)
Explanation of output and indicators variance:		<p>Indicator 1.1: Due to the deteriorating security situation it was not possible to collect baseline data for this indicator and then to carry out post distribution monitoring. However, similar interventions implemented by WFP in other IPC3+ areas in Haiti last year showed that at the beginning of the project only 20% of beneficiaries had an acceptable food consumption score (FCS), while at the end this increased to around 40% of them. Adoption of negative coping strategies had also decreased among targeted households.</p> <p>Indicator 1.4: The deteriorating security situation during the project reduced the capacity of staff to carry out nutrition-sensitive activities and the ability of beneficiaries to move to gathering sites. In addition, forum theatre activities were planned in all intervention communes - however these could only be organized in two communes. This explains the difference between the target and the number of beneficiaries actually achieved.</p>		
Activities	Description	Implemented by		
Activity 1.1	Finalization and signature of field level agreement with the selected implementing partner	WFP and Alianza por la Solidaridad. The Field Level Agreement was signed on 1 st September 2019 with the international NGO Alianza por la Solidaridad to implement activities in five communes of South-East department.		
Activity 1.2	Training of implementing partner on beneficiaries targeting, registration and set-up of cash distributions	WFP In the first week of September, the implementing partner was trained on the frequency listing methodology for beneficiary targeting and beneficiary registration process using the SCOPE platform (WFP's corporate platform for		

		beneficiary information management). CBT training was conducted in the field one week before the first distribution (mid-December) with the financial service provider (Le Levier) and the cooperating partner.
Activity 1.3	Targeting (frequency listing)	<i>Alianza por la Solidaridad</i> Targeting took place from mid-September to the end of October. A slight delay occurred for this activity due to security issues linked to the <i>peyi lock</i> (country lockdown) and fuel shortages, which prevented the implementing partner's staff from moving easily in the field. The list of beneficiaries was received at the end of October for the five communes and was finalized at the beginning of November.
Activity 1.4	Beneficiaries registration through SCOPE platform and printing of SCOPE cards	<i>WFP and Alianza por la Solidaridad</i> Registration in SCOPE of 12,016 primary beneficiaries was carried out during two weeks at the end of November. During the first week of December, WFP printed all the SCOPE cards.
Activity 1.5	SCOPE cards distribution to beneficiaries	<i>Alianza por la Solidaridad</i> SCOPE card distribution was carried out in the second week of December 2019.
Activity 1.6	Cash transfers to beneficiary households	<i>WFP, Alianza por la Solidaridad and Le Levier (financial service provider)</i> The first cycle of cash assistance was delivered from the 16 th to the 20 th of December, and 12,016 households received 82 USD through cash in envelope on site. The second cycle of assistance was carried out from 20 th to 31 st January 2020. The implementing partner mobilized the beneficiaries with the support of local authorities and WFP coordinated with the financial service provider to ensure the availability of funds for cash-based transfers to beneficiaries at a secured site.
Activity 1.7	Screening of children 6-59 months and referral of MAM/SAM cases to health centers	<i>WFP and Alianza por la Solidaridad</i> To implement the nutrition-sensitive activities, a collaborative protocol was signed between our implementing partner and the health directorate of the South-East (DSSE). 21 Polyvalent Community Health Workers were trained and engaged in the project for the screening and sensitization sessions. The beneficiaries were mobilized with their children aged 6 to 59 months to be screened, and 294 malnourished children were detected and referred to appropriate care structures (which represents a rate of 4% of acute malnutrition among the screened children). WFP coordinated with the health directorate and UNICEF to ensure that nutritional inputs were available for treatment of malnourished children in the health centers.
Activity 1.8	Development of context-specific Nutrition messages	<i>WFP and Alianza por la Solidaridad</i> The implementing partner's nutritionists were trained by WFP to organize focus groups with beneficiaries in their respective communes and were provided with discussion guides to facilitate the groups. Around 30 people in each commune of intervention (150 people in total, mothers and fathers) participated in the focus groups in order to identify

		context-specific issues and barriers to good nutrition and hygiene practices and develop tailored nutrition and hygiene messages to be disseminated during the sensitization sessions.
Activity 1.9	Nutrition sensitization sessions	<p><i>WFP and Alianza por la Solidaridad</i></p> <p>Each of the 21 Polyvalent Community Health Workers received a kit with materials and tools developed by WFP (nutrition guidebook, recipe sheets using local produce, nutrition card games, MUAC tapes, tee shirts) for the facilitation of the sensitization sessions and conducting MAM/SAM screenings. In total, around 6,650 people directly participated in those sessions implemented by the Polyvalent Community Health Workers and supervised by the DSSE and the implementing partner's nutritionists.</p> <p>Forum theatre sessions were organized in the communes of Thiotte and Anse à Pitre. Professional animators from Port-au-Prince trained 42 adolescents to develop and perform plays focusing on malnutrition issues. In each commune, 6 plays were performed by these youths and around 950 people attended and participated in those activities in their communities. Unfortunately, due to the deteriorating security situation, it was not possible to replicate this activity in the remaining communes.</p> <p>Moreover, messages about good practices in nutrition and hygiene were disseminated among the beneficiaries during cash distributions and related communication materials were displayed on the distribution sites. It is estimated that during distributions around 12,000 people were sensitized.</p>
Activity 1.10	Post distribution monitoring	Due to the deterioration of the security situation in the area, post distribution monitoring could not be carried out as planned.

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Through this project, community targeting committees were established which, apart from having the responsibility of drawing up lists of beneficiaries, also had a role to play in raising community awareness of targeting criteria, activity planning, and the choice of distribution sites. The dates and distribution sites were chosen with the participation of the communities, and the protection parameters of the beneficiaries were taken into account.

Focus group discussions involving mothers and fathers from the targeted communities were also conducted at the initial stages of the project to identify context-specific issues and barriers related to nutrition and hygiene practices and develop tailored messages to be disseminated during sensitization sessions.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

For targeting and selecting beneficiaries, WFP involved local leaders and communities by setting up selection committees composed of trusted community representatives who identified the households that satisfied the targeting criteria of the project. This process allowed WFP to build on local knowledge for beneficiary selection and maximize the acceptance of the targeting within the communities. The committees are also required to be representative of the population in terms of gender and age.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The toll-free number for WFP's hotline is printed on SCOPE beneficiary cards and posters, and cooperating partners are required to communicate verbally with communities to provide information in line with WFP Haiti's SOPs for complaints and feedback mechanisms. This includes messages such as who WFP and its partners are and their mandates, objectives and key activities of the programme, who will receive assistance and the targeting criteria, who to contact for more information, and where to complain or provide feedback.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

To respond to complaints, WFP Haiti uses a referral system to identify and inform who is best positioned to answer to a specific complaint. Missed calls are returned, and answers and feedback are provided to complainants. In addition, monthly summary reports are prepared for the M&E and Programme units on complaints using a standard template that allows the identification of trends and thus programme adjustments.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

As part of the hotline SOPs that WFP Haiti has put in place, the Protection Focal Point responds to or refers complaints related to SEA, protection issues, fraud and corruption. If a call is reporting a sensitive issue, there are specific SOPs for the operator for cases involving SEA to reassure and ensure confidentiality. No SEA-related complaints were received for this project.

Any other comments (optional):
N/A

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project

7.b Please specify below the parameters of the CVA modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Cash in envelope	US\$ 1,970,624	Sector-specific	Food Security - Food Assistance	Unconditional	Unrestricted

Supplementary information (optional):

Cash in envelope was the selected transfer mechanism, as it is the most rapid and efficient mechanism to assist beneficiaries in rural areas and appears to be in line with their preferences. Markets were functioning and products were available in the different local markets.

Le Levier was selected as the financial service provider for the implementation of this project in order to ensure that cash transfers were made effectively and efficiently to the beneficiaries. Through several local branches present in the intervention areas, this partner was able to distribute cash to beneficiaries on the selected distributions site after an identity verification from the implementing partner.

8. Evaluation: Has this project been evaluated or is an evaluation pending?

No evaluation was carried out nor is planned as WFP's evaluations are usually reserved for longer-term projects.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

9.3. Project Report 19-RR-CEF-091 - UNICEF

1. Project Information

1. Agency:	UNICEF	2. Country:	Haiti
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	19-RR-CEF-091
5. Project Title:	Emergency nutrition assistance to children affected by global acute malnutrition in the Southeast and Northwest departments		
6.a Original Start Date:	19/08/2019	6.b Original End Date:	18/02/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	21/11/2019
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,850,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 839,799
	c. Amount received from CERF:		US\$ 456,432
	d. Total CERF funds forwarded to implementing partners		US\$ 191,617
	of which to:		
	Government Partners		US\$ 20,252
	International NGOs		US\$ 171,365
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNICEF and its partners provided nutritional screening of 28,880 children under five (including 15,996 (8,158 girls and 7,838 Boys) in the North-West and 12,884 (6,571 girls and 6,313 boys) in the South-East departments). 2,912 children were referred for treatment, of which 725 children affected by severe acute malnutrition, and 2,187 by moderate acute malnutrition). For micronutrient powder (MNPs) supplementation, 4,518 children were supplemented (2,630 (1,396 girls and 1,234 boys) in North-West and 1,888 (939 girls and 949 boys) in South-East department. UNICEF provided nutritional supplies (Plumpy nut, micronutrient powders and anthropometric materials) to departmental authorities. 40 providers, 80 ASCPs were trained on nutrition and hygiene. 460 lead mothers, 56 care groups and 3,003 caregivers were trained on Infant Young Child (IYCF) practices, acute malnutrition, and hygiene. The project directly reached a total of 7,430 out of 10,823 under five children for the treatment of acute malnutrition and micronutrient supplementation and 28,880 to identify acute malnutrition.

3. Changes and Amendments

Following initial delays due to the socio-political crisis and insecurity, a 3 months no-cost extension was requested and approved by CERF. While project implementation started in late December 2019, project implementation was further hampered by restriction measures due to COVID-19. As a result, sensitization mass screening of malnutrition and micronutrients powders distribution have been suspended at community level, while door-to-door screening and home visits for the monitoring of children is undertaken in an effort to maintain minimal coverage.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Nutrition - Nutrition
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Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	5,303	5,520	10,823
Total	0	0	5,303	5,520	10,823
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Nutrition - Nutrition				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	3,789	3,641	7,430
Total	0	0	3,789	3,641	7,430
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The project was able to reach almost the entire target of children with acute malnutrition, i.e. 99.5% (2,912 out of 2,925), however with the suspension of activities at community level due COVID-19, the distribution of micronutrient powders for children from 6 to 23 months was slowed down both at the institutional and community level, hence 57.1% (4,518 out of 7,900) of the targeted children have been reached. The total number of children aged 6-59 months reached is therefore 68.6% ²
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4.c Persons Indirectly Targeted by the Project
<p>During the project:</p> <ul style="list-style-type: none"> – 28,880 children 6-59 months, including 14,729 girls and 14,151 boys were screened for malnutrition – 3,003 caregivers, 56 care groups and 460 mothers leaders were informed / sensitized on IYCF, essential actions in nutrition, good hygiene practices and birth registration – 40 health providers and 80 ASCPs benefited from training on global acute malnutrition (screening, treatment), filling in reporting tools, essential actions in nutrition and the methodology for setting up care groups.

² Update: At the original time of the reporting, data on reached figures was incomplete. As end of May, a total of 7,852 out of 7,900 (99.3%) children aged 6-23 months have been reached and supplemented. Therefore, the percent of coverage for the entire target groups has increased from 68.6% to 99.4% (10,764 .s 10,823). Please note that for the sustainability purposes, UNICEF continues to support the two health directions to implement the interventions at the community and institutional level.

5. CERF Result Framework

Project Objective	To reinforce the management of acute malnutrition within the Southeast and Northwest departments
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Output 1	2,925 under-five malnourished children are treated in line with the national protocol for management of acute malnutrition			
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Sector	Nutrition - Nutrition			
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Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# children 6-59 months admitted for treatment of acute malnutrition	2,925 (1,472 boys and 1,453 girls)	2,912 (1,334 boys and 1,578 girls) North -Ouest (697 girls, 669 Boys) South-Est (788 girls, 758 boys)	ASCP and institution registers, monthly statistical institution reports, ACF weekly reports
Indicator 1.2	Recovery rate in line with Sphere standards	> 75%	60%	ASCP and institution registers, monthly statistical institution reports, ACF weekly reports
Indicator 1.3	Death rate in line with Sphere standards	< 10%	0.2%	ASCP and institution registers, monthly statistical institution reports, ACF weekly reports
Indicator 1.4	Defaulting rate in line with Sphere standards	< 15%	36%	ASCP and institution registers, monthly statistical institution reports, ACF weekly reports

Explanation of output and indicators variance:	99.5% (2,912 out of 2,925) of the targeted acute malnourished children have been reached. One out of the three SPHERE standards indicators were met (death rate) while the recovery and defaulter rates were not met. These could be explained by the roadblocks which caused the lack of accessibility to the health facilities.			
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Activities	Description	Implemented by
Activity 1.1	Procurement of therapeutic nutrition commodities and drugs for specific and systematic treatment	UNICEF
Activity 1.2	Distribution of therapeutic nutrition supply and drugs for specific and systematic treatment	UNICEF and ACF
Activity 1.3	Active and passive case findings at community and facility level	South-East and North-West Health Offices and ACF
Activity 1.4	Outpatient care of MAM and SAM cases without complications	South-East and North-West Health Offices and ACF
Activity 1.5	Inpatient care of SAM cases with complications	South-East and North-West Health Offices and ACF

Output 2	7,900 children under two receive an integrated package of preventive interventions			
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Sector	Nutrition - Nutrition			
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Indicators	Description	Target	Achieved	Source of Verification
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Indicator 2.1	# of children 6-23 months receiving micronutrient powders:	7,900 = 4,029 Female (51%) + 3,871 Male (49%)	4,518 (2,183 boys and 2,335 girls) (56% and 58%) respectively of targeted boys and girls	ASCP and institution registers, monthly statistical institution reports, ACF weekly reports
Explanation of output and indicators variance:		A total of 4,518 (57%) children aged 6-23 months benefited from the distribution of micronutrient powders mainly at community level. This activity takes place during home visits and assembly stations where parents are also sensitized / trained on various topics including Infant Young Child Feeding practices (IYCF), the use of micronutrient powders with demonstration, essential nutrition actions, good hygiene practices and birth registration. These activities were strongly impacted with the social distance measures and preventing to reach the target. During the project, 3,003 parents were trained, and 4,518 children aged 6-23 months received micronutrient powders.		
Activities	Description	Implemented by		
Activity 2.1	Procurement of multiple micro-nutrients powders and IYCF counselling materials	UNICEF		
Activity 2.2	Counselling of caretakers on optimal breastfeeding, complementary feeding and hygiene's practices	South-East and North-West Health Offices and ACF		
Activity 2.3	Distribution of micronutrient powders and demonstration on how to use them	South-East and North-West Health Offices and ACF		

Output 3	Departmental capacity for program coordination, management and monitoring is improved			
Sector	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of monthly coordination meetings	12	7	Coordination meetings minutes, attendance lists
Indicator 3.2	Number of joint monitoring visits	3	3	Field visit reports
Explanation of output and indicators variance:		Due to the restriction measures in mid-March imposed by the government following the report of the first cases of COVID-19 in the country, seven coordination meetings were held out of 12 planned in the project. Three joint filed visits (UNICEF, ACF and Ministry of Health) were carried out in the two targeted departments.		
Activities	Description	Implemented by		
Activity 3.1	Coordination of the nutrition sector at departmental level	South-East and North-West Health Offices and ACF		
Activity 3.2	Data collection and analysis	South-East and North-West Health Offices and ACF		
Activity 3.3	Monitoring of project implementation progress through joint UNICEF	South-East and North-West Health Offices, ACF and UNICEF		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

As part of the implementation of project activities, it was agreed to provide support to providers and ASCP and to involve the community in the fight against undernutrition. So, 56 care groups comprise mothers and fathers were mobilized and trained on subjects relevant to health and nutrition. They are promoting and sensitizing their peers within the communities.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

In the communities, 460 “Mothers leaders” have been also trained on screening for malnutrition using MUAC, and other topics on nutrition, hygiene and birth registration. These “Mothers leaders” have had reorganized within the community, established and ensured the training of 56 care groups on the same topics. They also received MUAC tape to screen and refer malnourished children to ASCPs.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNICEF ensured the training of the implementing partners on Prevention of Sexual Exploitation and Abuse(PSEA)so that they become familiar with a range of measures to combat Sexual Exploitation and Abuse, understand what the impact of sexual exploitation and abuse on victims is , how to handle/respond/ report complaints and the consequences for UN and implementing partners personnel who commit sexual exploit.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

Suggestion boxes have been placed in health facilities.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

The entire SANSENO team has completed the PSEA training available on the AGORA website and understands that no deviation will be tolerated with regard to sexual exploitation and abuse.

Any other comments (optional):
N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned

Achieved

No

No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

Due to the pandemic COVID-19, the evaluation was suspended and carried out with key partners through Skype. The report is not yet available.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
19-RR-CEF-091	Nutrition	UNICEF	INGO	\$171,365
19-RR-CEF-091	Nutrition	UNICEF	GOV	\$20,252
19-RR-WFP-055	Food Assistance	WFP	INGO	\$254,000
19-RR-FAO-029	Agriculture	FAO	NNGO	\$229,075
19-RR-FAO-029	Agriculture	FAO	NNGO	\$216,438
19-RR-FAO-029	Agriculture	FAO	NNGO	\$289,794

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CEHPADER	Centre Haitien de Promotion et d'Appui au Développement Rural
GRANSAH	Groupe d'Appui à la Nutrition et la Sécurité Alimentaire en Haïti
MFPEJA	Mouvement des Femmes Progressistes pour l'Encadrement des Jeunes et Adultes